



Treatment Protocol: HYPOTHERMIA / COLD INJURY

Ref. No. 1223-P

1. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#))
2. Administer **Oxygen** prn ([MCG 1302](#))
3. Initiate cardiac monitoring ([MCG 1308](#))
For patients with dysrhythmias, treat in conjunction with [TP 1212-P, Cardiac Dysrhythmia-Bradycardia](#) or [TP 1213-P, Cardiac Dysrhythmia-Tachycardia](#)
4. Provide warming measures ❶ ❷
5. For frostbite:
Handle affected area gently, remove jewelry, cover and protect the area ❸
6. Establish vascular access prn ([MCG 1375](#))
7. For altered level of consciousness, treat in conjunction with [TP 1229-P, ALOC](#)
8. For poor perfusion:
Normal Saline 20mL/kg IV rapid infusion per [MCG 1309](#); use warm saline if available
For persistent poor perfusion, treat in conjunction with [TP 1207-P, Shock/Hypotension](#)
9. For cardiac arrest, treat in conjunction with [TP 1210-P, Cardiac Arrest](#)
Initiate rewarming while resuscitation is ongoing ❹



SPECIAL CONSIDERATIONS

- ❶ Warming measures should include moving the patient to a warm environment as quickly as possible, removing wet clothing/items, covering with an emergency/rescue blanket or blanket/sheets, and using warm normal saline if available.
- ❷ Infants and small children are at high risk for hypothermia due to their large surface area to body mass ratio, reduced ability to shiver, and limited body fat.
- ❸ Do not allow an area of frostbite to thaw and then refreeze as this causes more tissue damage.
- ❹ Follow usual protocols for resuscitation of patients with hypothermic cardiac arrest while rewarming. Patients with hypothermia may have good neurologic outcome despite prolonged resuscitation; resuscitative efforts should continue until the patient is rewarmed. Consultation with the Base Physician is required before consideration of termination of resuscitation.

